

Untangling the Racialization of Disabilities

*An Intersectionality Critique Across Disability Models*¹

Alfredo J. Artiles

Mary Lou Fulton Teachers College, Arizona State University

Abstract

This article advances an intersectional perspective in the analysis of racial inequities in special education so that theoretical refinement of this problem will strengthen educational equity research and theory. Racial disproportionality in some disability categories continues to affect a sizable number of students in the United States, with dire long-term consequences for the educational trajectories of these learners. After more than four decades, the problem continues to be debated in research, practice, and policy circles. There is consensus among researchers that the racialization of disability embodies complexities that defy linear explanations. But this debate has overlooked the potential of intersectionality to document complexity and to transcend the individual-structure binary that tends to permeate previous scholarship. Indeed, intersectionality's explicit attention to how the complexity of people's everyday experiences is connected to larger historical processes could offer key insights. I analyze how disproportionality research has addressed the intersections of race and disability (along with other markers of oppression) through a contrapuntal reading of works framed with medical, social, and cultural disability models. I conclude with reflections for future research on racial disparities in special education that is mindful of intersectional complexity.

Keywords: Disability, Race, Intersectionality, Disability Models, Contrapuntal Analysis

DISRUPTING ORTHODOXIES IN THE RACIALIZATION OF DISABILITIES

The quest for educational equity has been elusive and fraught with paradoxes throughout the history of American education, particularly for racial minorities and disabled learners. These two groups have complicated and politically charged histories linked to assumptions of deficit often used to justify inequities. Both have endured significant barriers and injustices ranging from limited access to educational resources to overrepresentation in poorly funded schools and negative post-school outcomes (Anyon 2005). Although massive political and technical resources have been deployed in efforts to secure educational equity, remedies for one group can have deleterious consequences for the other, thus muddling the effects of well-intentioned justice

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projects. For instance, under the Individuals with Disabilities Education Act (IDEA), students with disability diagnoses are extended rights and entitlements intended to ensure educational equity, on the assumption that disability diagnosis is beneficial to covered students. However, this guiding assumption has been critiqued by racial minority groups who have argued that disproportional diagnoses of disability in students of color creates a “double bind” that further compounds the structural disadvantages that each group has historically endured (Artiles 2011).

The racialization of disability is of concern because disability diagnoses for racial minorities often have concomitant negative consequences, such as educational segregation, limited access to the general education curriculum, and a host of negative long-term outcomes (Artiles 2003). This problem is connected to poverty, geographical location, cultural practices, and ideologies of difference (Albrecht et al., 2012; Artiles 1998). Moreover, it is visible across a range of disabilities—including high-incidence categories such as learning disabilities, intellectual disabilities, emotional/behavioral disorders, and speech/language impairments—accounting for approximately 4 million students (i.e., two thirds of the special education population) (U.S. Department of Education 2009).

The evidence has consistently shown that African American learners have substantially higher probabilities than their counterparts to be diagnosed with high incidence disabilities. At the national level, these students are three times more likely to be diagnosed as intellectually disabled and over 200% more likely to be diagnosed with emotional/behavioral disorders. American Indian/Alaska Native students have a 50% greater chance than their peers to be identified as learning disabled (U.S. Department of Education 2006). Latino/a students are overrepresented in some categories in certain regions, states, and school districts, though not at the national level (Artiles et al., 2011).

These statistics defy easy explanation. For instance, despite the disproportionate poverty rate among these groups (e.g., Latinos/as), racial inequities are *not* observed in disability categories generally associated with biological causes linked to poverty, such as sensory and orthopedic impairments and multiple disabilities (Losen and Orfield, 2002). Moreover, after controlling for poverty, race still makes a significant contribution to predicting a disability diagnosis (Skiba et al., 2008).

While the problem is long-standing, the racialization of disability has received more attention in the last decade (Waitoller et al., 2010). Federal government actions have intensified: there is an increase in the number of published studies acknowledging federal funding support, technical assistance centers have been created to address the problem, and there have been key changes in IDEA (i.e., requirements for reporting, monitoring, and eliminating racial inequities in placement patterns). Despite progress, unsettling questions remain unanswered: How do legal protections for one marginalized group—e.g., people with disabilities—become sources of inequities for another marginalized group, such as racial minority students? What types of evidence would be needed to document the ways in which the equity agenda of the IDEA collides with racial groups' search for justice? Why have research and policy communities given so much attention to this longstanding problem in the last ten years? Perhaps more importantly, why have the historical and cultural sedimentations of race and disability, and their complex intersections, not been theorized and analyzed in this scholarship?

The racialization of disability has not occurred in a vacuum. Scholars have documented how “disability has always been racialised and how race has been conceived as disability” (Bolaki 2011, p. 48). Since at least the nineteenth century, race and disability have been intertwined and linked to ideologies of evolutionary

hierarchy—“nonwhite races were routinely connected to people with disabilities, both of whom were depicted as evolutionary laggards or throwbacks” (Baynton 2001, p. 36). Moreover, attributions of disability were often used to justify the institution of slavery and deny basic rights to African Americans (Baynton 2001).

Douglas Baynton argued that “not only has it been considered justifiable to treat disabled people unequally, but the *concept* of disability has been used to justify discrimination against other groups by attributing disability to them” (2001, p. 33, emphasis in original). The racialization of disabilities reminds us that racial minorities have been consistently subjected to such “double bind” discrimination (Artiles 2011). Unfortunately, the racialization of disability scholarship has been dominated by the notion of “damage imagery”—the idea that African Americans and other racial minorities “are and historically have been psychologically damaged” (Scott 2007, p. 1). It is typically assumed that damage imagery is the byproduct of innate inferiority and/or the sequela of poverty or inferior cultural practices; the result is deficit-driven narratives about racial minorities in which mental and cognitive pathology are paramount (Scott 2007; Valencia 2010).

Despite recurrent historical convergences, scholars in psychology, education, and medicine artificially maintain a divide between race and disability, enforcing troubling silences and invisibilities. Key dimensions of marginalized groups are simultaneously visible and invisible. How and for what purposes do scholarly communities manage to maintain what Ned Mitchell (2011) described as the “absent presences” of raced and disabled bodies? What work is accomplished when race and disability are kept in separate spheres? (Bell 2011).

Most scholarship on the racialization of disability has been grounded in the so-called “medical model” in which the unit of analysis is the individual, completely devoid of social or historical influences. My colleagues and I have found a profound silence about race in research based on this model (Artiles et al., 1997). The medical model fragments the individual, focusing either on race or on disability, rarely examining the interplay of race and disability with other key dimensions such as social class and gender.

Social and cultural models of disability have also been used, though to a lesser extent, in analyses of racial inequities in special education. The social model locates disability in a societal plane, “conceptualized as a discourse of opposition, directed primarily against societal oppression” (Schillmeier 2010, p. 4), particularly against barriers imposed by an ableist society, prejudices and biases against disability, and deficit models that dismiss the lived experiences, viewpoints, potential, and contributions of disabled people. The cultural model, in turn, raises the question of the social construction of disability, though it has been less concerned with the perspective of disabled people as a minority group, and more with the inequities endured by racial minorities as they are disproportionately placed in special education (Patton 1998).

We know little about how scholarship based on these models has paid attention to the historical intersections of race and disability, how it has framed justice questions, and the similarities and differences among the analyses conducted from the vantage points of medical, social, and cultural models. Given these substantial gaps, an alternative interdisciplinary analytical project is needed. Two theoretical aspects are central to this project.

First, we need to use the lens of intersectionality to analyze these bodies of research for “[r]ace and disability are always imbricated with gender, sex, sexuality, and class” (Dolmage 2011, p. 27). The notion of intersectionality emerged in critical race theory, and has been subsequently developed in the social sciences and humanities, precisely as a resource to understand the complexity of people’s identities and

experiences in stratified institutions and societies (Collins 2003; Crenshaw 1991). Intersectionality is a useful theoretical framework to understand the tensions between the lived experiences of people with multiple intersecting identities and communities' needs for identity politics: racial minorities and disabled people need group identities for material and symbolic purposes, but this does not mean group categories are essentializing artifacts as community members embody complex intersectional identities (Crenshaw 1991). Intersectionality attends to identity categories—such as race and disability—because they have meaning, social gravity, and consequences; indeed, “power has clustered around certain categories and is exercised against others” (Crenshaw 1991, p. 375). Thus, intersectionality affords crucial insights about the racialization of disability, compelling us to focus on both the power of assigning categories to individuals and on the authority of those categories “to have social and material consequences” (Crenshaw 1991, p. 376).

Second, we can benefit from a *contrapuntal* reading of intersectionality in the scholarship produced from the medical, social, and cultural models. *Contrapuntalism* links ideas and practices that are regarded as being opposites or in contradiction, thereby revealing points of contact across these bodies of work that are not readily apparent. “A contrapuntal reading is to emphasize and highlight the disjunctions, not to overlook or play them down” (Said 1993, p. 146). From a contrapuntal standpoint, we are compelled to cross the liminal spaces between different disability lenses. As Said explained in the context of discussing exile, “[b]ecause the exile sees things both in terms of what has been left behind and what is actual here and now, there is a *double perspective* that never sees things in isolation” (p. 60, emphasis added). Thus a crucial implication of a contrapuntal analysis is an unceasing concern with *what* to read (i.e., disproportionality research grounded in seemingly contradictory models of disability) attached to an unremitting mindfulness about *how* to read—i.e., being reminded of the “intertwined and overlapping histories” (Said 1993, p. 18) of race and disability as they intersect with gender, social class, and language. Through a contrapuntal analysis we can “be able to think through and interpret together experiences that are discrepant, each with its particular agenda and pace of development, its own internal formations, its internal coherence and system of external relationships, all of them coexisting and interacting with others” (Said 1993, p. 32).

What can we gain from using the double vision of a contrapuntal analysis of intersectionality to read disproportionality research across medical, cultural, and social models of disability? First we can gain insights about blind spots in these literatures to understand how various categories and domains of experience have been disaggregated; such analysis will allow us to read these categories and realms of experience in an integrated fashion and as mediated by institutional processes (Ribet 2010). Moreover, a contrapuntal reading of intersectionality in this research literature will enable us to claim that

disability and race do more than intersect in order to reinforce or intensify ideological stereotypes . . . it is not simply that the inherent, acquired or attributed characteristics possessed by members of racial groups are interpreted based on a white supremacist construct of ability. Literally physical or psychological disablement (as well as social and political subordination) can also be a process that results in disability imposed through racial power relations (Ribet 2010, p. 217).

Thinking through critical interdisciplinary questions can help us approach the racialization of disabilities from a more complex perspective. These questions include: How

has research on the racialization of disabilities examined the historical entanglements of race and disability? How has it examined intersections in categories of difference (e.g., race, disability, social class, gender)? What insights about racial inequities in special education result from the analysis of research based on purportedly opposing models of disability? I argue that a contrapuntal analysis of the racialization of disabilities using an intersectional prism promises important insights into these questions and illuminate generative and enduring questions about educational justice. Following Chris Bell (2011), this analytical project enables us to keep alternative disability models in conversation with one another; it will ultimately assist us to re-interpret the cultural dynamics of *difference* that mediate representations of marginalized groups.

I first provide an overview of research on disproportionate representation, various disability models, and intersectionality. I then present a contrapuntal critical reading of intersectionality in the scholarship on the racialization of disabilities across disability models, and conclude with reflections on future inquiries into this topic.

SETTING THE CONTEXT: RACIALIZATION OF DISABILITY RESEARCH, DISABILITY MODELS, AND INTERSECTIONALITY

Why Are There So Many Minority Students in Special Education? A Historical Outline

The research on why there are so many minority students in special education (see Harry and Klingner, 2006) paints a complex picture in which individual factors, institutional practices, organizational forces, and fiscal and bureaucratic pressures contribute to the racialization of disability (Skiba et al., 2008). There is little consensus on a theoretical explanation of the problem; some studies do not even specify the theoretical frameworks that guide their analyses. Research has tended to examine the role of individual *or* structural factors, mostly from a quantitative perspective (Waitoller et al., 2010). This literature commonly concludes that a disproportionate number of racial minorities live in poverty, which in turn can mediate the onset of certain disabilities, particularly those conditions with biological etiologies. For instance, American Indians/Alaska Natives are overrepresented in the category of deaf-blindness, and along with African Americans, are disproportionately diagnosed with developmental delays. However, developmental delays are not consistently diagnosed with clear biological roots. Indeed, this diagnosis tends to be grounded in a view of human development that largely ignores its cultural roots (Rogoff 2003). There is evidence of systemic forces at play—e.g., student race makes a significant contribution to risk of being identified as disabled, even after statistically controlling for poverty level; students who are racial minorities tend to be placed in segregated programs more often than their White counterparts *with the same disability diagnosis* (Skiba et al., 2008).

Nonetheless, some commentators still question whether the racialization of disabilities is a problem, claiming that concerns are likely grounded in an opposition to special education. *They overlook the significance of the problem.* First, disproportionality raises the question of misidentification in the case of overrepresentation, and exclusion from services in the case of under-identification. Second, overrepresentation adds another layer of marginalization and disadvantage for racial minority students—particularly since disability identification is closely associated with long-term negative consequences that include persistent lower academic achievement, higher risk of placement in the juvenile justice system, higher school dropout rate, and lower access to higher education (Artiles et al., 2010). Third, these commenta-

tors overlook the specific arguments involved: critics of the racialization of disabilities remind us of the histories of using disability to justify inequities for disabled people as well as for racial minorities and women, of the material and symbolic negative consequences of the entanglement of race with disability and its relation to the concept of the “normal.”

Changes to federal law in 2004 require states to track and address racial disproportionality. This legal change was welcomed by most commentators as a step forward. But confusion about the new legal requirements and manipulations of racial disproportionality definitions and metrics, along with converging pressures stemming from educational accountability reforms, are shaping a perverse policy climate and landscape (Artiles 2011). For instance, disproportionality may be deepening in some states and districts, but it is not acted upon because of placement threshold requirements. Daryl Scott (2007) documented similar problems in examining the persistent association between race and mental health pathology: “the threshold for what experts considered a mental health problem continuously shifted” (p. xiv). This difficulty is exacerbated because federal law now requires that states determine whether disproportionality is present; if so, they must decide if such patterns are the result of inappropriate practices that must be redressed through specific actions and extra resources. Unfortunately, a sizable number of states are concluding that high disproportionality levels are *not* the result of inappropriate identification practices (Artiles 2011).

Discussions about the disability models underlying this research are virtually nonexistent. The *de facto* lens has been the medical model, though some analyses have been grounded in social and cultural models. I outline these paradigms in the next section as a means to inform the contrapuntal reading of intersectionality in this research across disability models.

Ways with Theories: Professional Visions of Disability

I outline key ideas of the three disability models, though there are not impermeable lines demarcating the models (Shakespeare 2006) and there are points of tension among them (Ribet 2010, personal communication).²

Medical Model

The medical model’s defining characteristic is the assumption that disability is located in biological impairments within the individual, “neglecting the reality of discrimination” (Watermeyer 2013, p. 14); policies and services consequently aim to fix the disabled person (Crossley 1999).³ Implicit in the “damaged body” trope of the medical model are uninterrogated assumptions about a normal body. Thus, this model is driven by a “moral imperative to ‘healthy normalcy’” (Watermeyer 2013, p. 29) that will cure or rehabilitate impairments; it regards disabled people as different and inferior, a premise that justifies their exclusion and creates barriers for rights and entitlements (Crossley 1999), or as Tobin Siebers (2008) described it, for the “right to have rights” (p. 176). Given the biological roots of disability, it is assumed that “the social disadvantages and exclusion that accompany the disability can be explained as natural and not ascribable to any social cause. Because disability is not socially caused, the disabled individual has no claim of right to social remediation, and any benefits or assistance that society chooses to bestow on persons with disabilities can be viewed as a charitable response” (Crossley 1999, pp. 651–652).

The medical model views disabled people as dependent upon professionals, not only to validate their condition via a diagnosis, but also to determine and provide the best treatment or prosthetics needed to be cured or rehabilitated, to decide on relevant social benefits, and to certify any entitlement to exemptions (e.g., work), as long as individuals agree to receive the prescribed treatment (Crossley 1999). The perspective of the disabled is irrelevant, and hence, no efforts are made to gather or use such information (Linton 1998).

Despite the strong critiques raised against the medical model, it pervades the legal, policy, and professional domains. It has been the primary lens to examine the racialization of disability. Because the medical model foregrounds the individual as the unit of analysis, it disaggregates race from disability and other markers of difference (e.g., gender, social class, and language), resulting in a fragmented individual. In this model, racial and cultural differences can be construed as comparable and indexed as demographic markers (Artiles et al., 2010).

Social Model

The social model of disability offers “new and *political* understandings of disability . . . [which] is seen as interacting with social, cultural, historical, legal, and medical discourses, as well as further complicating factors such as race, ethnicity, gender, age, and class” (Connor and Ferri, 2005, p. 110). The social model sees the idea of disability as the product of oppression and structural exclusion that should be eliminated (Shakespeare 2006). This vision has significant implications for policy; instead of fixing disabled bodies, it encourages policies informed by an “accommodation imperative” that change the social and physical structures of society (Crossley 1999, p. 658). Disabled scholars and activists have led the way in developing the social model of disability.⁴ This model regards disability as a social construction, thereby locating disability in society (not the body), and drawing distinctions between disability and impairment. In this view, the presence of an impairment does not necessarily constitute a disability. Disability arises out of society’s ableist assumptions and practices about what is considered normal. Thus, it is a social environment that “disables” a person in a wheelchair if stairs are the only means to reach different building floors. The “wheelchair user is disadvantaged not by her inability to walk, but by the way in which buildings are designed and constructed” (Crossley 1999, p. 654).

The concept of the impairment-disability binary has been criticized. Indeed, disabled authors have called attention to the messy and ambiguous overlaps between bodily aspects of their experiences and societal dimensions of both impairments and disabilities. Experiencing impairments rests on cultural meanings, emphasizing the “interpenetration of impairment and disability” (Shakespeare 2006, p. 37). Moreover, the social model can elaborate its attention to the psychological realm and the body (i.e., impairment) (Watermeyer 2013).

This model also encourages attention to the cultural construction of disability as reflected in the images and perceptions of people with disabilities in popular culture, policies, media stereotypes, and the like. These constructions contribute to the *othering* of disabled individuals and mediate processes of exclusion that this community endures over time (Crossley 1999). Embedded in these constructions are assumptions about “normal” that structure cultural and material worlds that cater to the needs of nondisabled individuals (Watermeyer 2013). The social model is critical of the notion of “normalization” because it rests on ideologies of homogeneity and control that date back to the nineteenth century when statistical reasoning and technologies were produced (Crossley 1999; Watermeyer 2013). However, just as the social model has crit-

icized the essentialist logic embedded in the idea of normal, the emergence of the social model has required the adoption of a kind of “strategic essentialism” (Garland-Thomson 1997, p. 283). Moreover, criticisms have been raised about the social model’s attention to the experiences of Western white middle class males with physical disabilities (particularly in its early work) (Watermeyer 2013).⁵

Cultural Model

The third perspective is reflected in a body of scholarship concerned with racial disproportionality. This corpus of scholarship shares some traits that I label here the cultural model. For instance, this work critiques the racialization of disability with an utmost concern for the oppression endured by racial minorities (Patton 1998). This work also relies, to some degree, on a social construction view of disability. Finally, some analyses based on the cultural model tend to be informed by a dynamic and historically-based notion of culture that opens analytical spaces to examine the agency and cultural assets of communities (Artilles et al., 2010). It is not clear, however, how issues of intersectionality are addressed in this scholarship.

To summarize, the racialization of disabilities has been studied primarily through the lens of a medical model, with some attention by those using social and cultural models. But do the differences among models result in disparate framings of the problem, alternative insights across analyses conducted from different models, and distinct ways of engaging with the intersections of race and disability? Before I address these queries through a contrapuntal reading, I provide an introduction to the concept of intersectionality.

Complexity in Analysis of Unjust Practices: The Promise of Intersectionality

Intersectionality examines the influence of power to provide limited frames for people’s multidimensional experiences, particularly those of women of color, as a response to “the tendency to treat race and gender as mutually exclusive categories of experience and analysis” (Crenshaw 1989, p. 139). Intersectionality acknowledges that “systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization” (Collins 2000, p. 299). Intersectionality, thus, rejects the “separability of analytical and identity categories” and captures “the relationships among multiple dimensions and modalities of social relations and subject formations” (McCall 2005, p. 1771). Intersectionality challenges essentialist views of groups, single-axis analyses, and additive models of identity (Crenshaw 1991). Intersectionality’s sensitivity to within-group diversity challenges the logic of “group unity equals group uniformity” (Hancock 2007, p. 65). Intersectional analysis aims to document the convergence of multiple forms of oppression in people’s lives as shaped by distinct markers of difference. An implication of this analytic perspective includes policy responses that are sensitive to the convergence of multiple forms of oppression (Crenshaw 1991; Hancock 2007).

There are a number of types of intersectionality. I discuss structural and political intersectionality here and other types when critiquing the racialization of disability in the next section. Crenshaw (1991) describes structural and political intersectionality. Structural intersectionality refers to how intersectional locations make the experiences of groups qualitatively different. In this analysis, structural intersectionality suggests that boys of color from low-income backgrounds, particularly African Americans and American Indians, at the intersection of race, gender, and class

experience their identification as disabled and efforts to address it in ways qualitatively different from that of White middle-class boys. In turn, political intersectionality emphasizes that intersectional identities may be situated “within at least two subordinated groups that frequently pursue conflicting political agendas. The need to split one’s political energies between two sometimes-opposing groups is a[n additional] dimension of intersectional disempowerment” (Crenshaw 1991, p. 360). Thinking in terms of political intersectionality suggests that low-income boys of color with disabilities or with a heightened probability of disability identification are situated within multiple subordinated groups that frequently pursue conflicting political agendas. This liminal position creates a sort of intersectional disempowerment that middle-class boys with disabilities, low-income boys of color without disabilities, and White girls and girls of color rarely experience. Intersectional analysis has the potential to address this problem.

INTERSECTIONALITY IN DISPROPORTIONALITY RESEARCH: REIFICATIONS, CONTRADICTIONS, AND PROTEAN NOTIONS

The bulk of the evidence on racial inequities is based on quantitative analyses, mostly based on a medical model. A few quantitative studies have been informed by cultural perspectives. There are fewer qualitative studies designed with cultural processes in mind.

This section discusses trends in this research with regards to intersectionality across the three disability models, with specific focus on the use of the unitary approach and hybrid narratives. I used the scholarship of a few established authors working in the medical, social, and cultural models of disability to exemplify distinctive inquiry features of each model. I selected articles that broadly addressed at least two vectors of discrimination, even though some of these authors did not originally set out to conduct intersectional analyses.

Written on the Body: The Unitary Approach

Many disproportionality studies rest on a “unitary approach” to identity. As described by Ange-Marie Hancock (2007) this approach endorses a universalistic perspective in which one “variable” or marker of difference, such as race or class, is assumed to be both more important than the others and stable. Thus, researchers set to identify the one variable that has the greatest explanatory power in predicting special education placement. Inquiries are generally constrained by adherence to the medical model of disability, as outlined above. Typically, secondary datasets at the school district, state, or (less frequently) national levels are used to gauge the factor that best explains/predicts placement. Structural conditions in the special education field offer incentives for a unitary approach in disproportionality research. For example, federal law defines learning disabilities diagnosis as unrelated to socioeconomic and cultural differences. Thus, the law indirectly prevents intersectional analyses of disabilities with other markers of difference.

The search for *the* variable with the greatest explanatory power is sometimes imposed through methodological means, such as use of covariates. One such example is the work of Jacob Hibel and his colleagues in which they investigated “how student and school characteristics relate to the student’s placement into special education” (2010, p. 313). These authors explained that “[d]isproportionate representation may be especially likely to occur for those types of disabilities that rely more on a teacher’s

judgment and contextual factors (e.g., LD, EBD) than those types that rely on relatively more objective criteria (e.g., MR, visual impairment)” (p. 314). Building on the force of a unitary logic, individual judgments, such as teacher referral decisions, were examined as mediated by a single factor—e.g., teacher’s race or school/classroom demographics.⁶ This led them to conclude that

teacher judgments of acceptable student achievement or behavior are necessarily based on the performance of the teacher’s particular referent group, which naturally consists of the other students in the school. Thus, the student’s peers within his or her school provide the normative standard for identifying whether the student is disabled and so is eligible for special education (p. 315).

For this approach, not only is disability an objective condition that is written on the body (Watermeyer 2013), but it is also the result of linear and unidirectional causal influences (even though the links between these factors are often correlational) that move from membership in a racial or ethnic group, to living in poverty, and end up in disability status. Donald MacMillan and Daniel Reschly, for instance, concluded that, “social class, and not ethnicity, would explain more variance in the rates of detection for these high-incidence disabilities, particularly MMR” (1998, p. 20). Hibel and his colleagues offered a comparable theory by explaining that class and race effects for lower income African American and Hispanic children are compounded by greater exposure to factors “that themselves contribute to disability identification,” including

biological trauma (e.g., low birth weight, poor nutrition, and child health) and increased exposure to environmental toxins[;] “social trauma” such as being raised in poverty or by a single or teenage parent [; and having] parents who are high school dropouts or second-language learners, depressed, disorganized, unemployed, or incarcerated and who reside in high-risk neighborhoods. These factors may result in the lower cognitive and behavioral performance displayed by low-income minority students when they begin kindergarten (2010, p. 316).

Other studies have applied similar intersectional reasoning (Hosp and Reschly, 2003; Oswald et al., 1999; Skiba et al., 2005).

Four themes stand out in the unitary work: (a) essentializing sociocultural groups; (b) stripping historical and structural influences from the study of people’s actions and decisions or framing them as static factors with linear relations; (c) neglecting the problematic historical intertwining of race and dis/ability; and (d) assuming that disabilities are objective features located in the individual. In this sense, the unitary approach naturalizes the racialization of disabilities, marshalling evidence that conceivably legitimizes racial disproportionality.

Hybrid Circular Narratives: Between Intra-Categorical and Unitary Intersectionalities

Let us now review what I call “hybrid circular narratives” of intersectionality. One form of intersectional analysis is concerned with examining intra-categorical complexity. This perspective

interrogates the boundary-making and boundary-defining process [of categorization]. . . . It acknowledges the stable and even durable relationships that social

categories represent at any given point in time, though it also maintains a critical stance toward categories. . . . [It also] tends to focus on particular social groups at neglected points of intersection” (McCall 2005, pp. 1773–1774).

Work by disability studies scholars that relies on premises from this perspective includes Erevelles and Minear (2010), who linked Critical Race Feminist Theory with Disability Studies Theory in their assessment of the historical nexus between race and disability (see also McCall and Skrtic, 2010). They situated the connections between race and disability in historic and postcolonial contexts, arguing for an intersectional analysis that avoids limiting the scope of inquiry to a single marker of difference. Taking the history of the eugenics movement and its concomitant conflation of race with disability, they argued that “the continued association of race and disability in debilitating ways necessitates that we examine how eugenic practices continue to reconstitute social hierarchies in contemporary contexts via the deployment of a hegemonic ideology of disability that have real material effects on people located at the intersections of difference” (pp. 133–134). Similarly, in a recent paper (Artiles 2011), I situated the racialization of disability in historical context by exploring conflation of the two in laws covering “ugly” and impaired bodies. I went on to stress the complicity of research communities in this conflation by revealing associations drawn between racial minority status and deviance, illness, and depressed abilities.

Bringing together frameworks deployed in both Cultural and Disability Studies affords a number of opportunities for nuanced analysis of intersectional identities because the theoretical apparatuses in these scholarly communities engage with complexity in contextualized and systematic ways. These frameworks afford powerful tools to examine disability as it is constituted discursively, culturally, and institutionally across multiple contexts, ultimately revealing that disability is a protean notion that requires situated scrutiny with sociocultural and historical imaginations.

Other intriguing patterns emerge in work based on the social and cultural models. Works grounded in a social model start with a compelling critique of disability as historically and bureaucratically situated, showing how definitions evolve over time, ultimately reminding us of the ways in which race, class, gender, and disability have had entangled histories. In this sense, these works are rooted in an intra-categorical intersectional frame, though the focus is on disability. That is, disability is at the center, with all of the other difference markers linked to it. This is apparent in the fact that these inquiries do not include comparable in-depth critiques of race, social class, and gender—in other words, critiques of other difference markers are proffered only to the extent they inform disability. These works provide a more balanced theorizing of other markers when they acknowledge, for instance, that special education placement was used to maintain the racial segregation of schools in the post-*Brown* era (Baker 2002; Connor and Ferri, 2005). Thus, on the one hand, disability is socially constructed and is a tool of exclusion for racial minority students, but on the other hand, oppression is stressed only in discussions of race. While such analyses reveal how disability is constituted and used with specific purposes—i.e., through the concerted efforts of cultural, historical, and ideological processes—some scholarship on the racialization of disabilities grounded in social or cultural models only foregrounds oppression as it relates to race in its analysis. In other words, while these works pay attention to processes and instrumentality in the analysis of disability, they stress the end result when dealing with race.

When the tropes of disability and race converge and the analysis focuses on the racialization of disability, complications crystalize. One such example arises when

researchers premise their work with the caveat that “*certain* disability categories may be considered more problematic than others” (Connor and Ferri, 2005, p. 111; emphasis in original), an assumption which stands in tension with understandings of disability as social construction. A quasi-unitary framework emerges since the bulk of the analysis relies on studies framed from a unitary vantage point. For example, evidence on student placement by student race is discussed to support the argument about the racialization of disability, but certain structures and blind spots are left intact. Scholarship committed to a cultural model (Artiles et al., 2005), has made the same move in some studies, serving as reminder of the protean nature of disability as analyses morph from a critique of disability as a social construct to a medically-based category (as embodied in the databases used in these studies) *within the same investigation*. Such studies may theorize disabilities as socially constructed, but call some categories “subjective” or “soft,” with a structural argument leveled against special education, namely that the bureaucratic and middle-class nature of this system oppresses families of color (Blanchett 2006). Agency and within-group diversity in low-income racial minority communities tend to be invisible in this work, which may reflect an essentialized view of these groups.

In all fairness, scholars using social and cultural models are aware and do recognize more complex views of culture and give analytical space to agency when working with marginalized communities. My point is that a contrapuntal analytic stance shows that competing views of race, disability, and intersectionality coexist in this work, in part, because we use some of the analytical tools of the medical model (e.g., analysis of placement patterns by race and disability category) that we strive to contest.

A contrapuntal reading of the research literature makes visible the coexistence of tools and premises from opposing paradigms within and across work based on distinct disability models. Researchers using a medical perspective have occasionally drawn tools from social and cultural models. For instance, MacMillan and Reschly (1998) drew on arguments based in social construction to argue for strengthening measurement precision. They argued that race and ethnicity are ambiguous constructs measured in disparate ways and “should not be interpreted as scientific and anthropological in nature . . . yet, that is exactly how they are treated in the OCR overrepresentation dataset” (pp. 18–19). They highlighted the inaccuracies and inadequacies of racial categories for capturing information about within-group diversity and mixed race groups and noted that schools collect such data idiosyncratically. Their arguments are used to justify the need to control for ethnicity, particularly as it is often a proxy for social class, which seems to be their preferred explanation for the disproportionality problem.

These authors acknowledge the ambiguous and unstable nature of ethnicity for identity purposes while also arguing that it is necessary to take within-group diversity in racial and ethnic minority groups into consideration when analyzing the overrepresentation of students of color. *The implication is that we do not know who these learners really are. Yet within the same analysis*, these authors summoned an essentialist model of White students and a medical frame of disability to support a poverty hypothesis. They cite a study that found the prevalence of mild intellectual disabilities to vary as a function of social class: the lower the social class, the higher the prevalence of disability, with no occurrences in the highest status. The authors’ reliance upon essentialist models and a medical frame are illuminated by the following disclosure: the “study was conducted in Aberdeen, Scotland involving only White subjects, thereby avoiding the confound of ethnicity and social class” (MacMillan and Reschly, 1998, p. 19).

This comment then implies that in some cases the measurement of ethnicity and disability is no longer problematic. The authors assumed there is no within-group diversity in White communities, ignoring the cultural history of Europe, and the United Kingdom in particular. This is a longstanding trope in the “othering” of non-White communities that keeps White folks at the center of defining consequential categories like ability and dis/ability. Following a longstanding tradition in the history of the United States and the social sciences, these authors made two problematic conceptual moves within the same article. First, they equated race with ethnicity, which deflects discussion of race: “the origins of . . . ethnicity lie in an attempt to find another way of talking about race” (Harris 2001, p. 1773). Second, the authors relied on a recognition/de-recognition dynamic to “see race” (i.e., the racial identities of particular bodies) in order to de-recognize or not see race (i.e., a structural system of group-based privileges and disadvantages produced by socio-historical forces) (p. 1758).

To conclude, a contrapuntal reading of the disproportionality literature enables us to discern hybrid patterns in intersectional analysis and warns us about the need for strengthening theoretical clarity and its concomitant methodological implications.

COMPLEXITY IN FUTURE RESEARCH ON THE RACIALIZATION OF DISABILITY

A contrapuntal perspective enables us to challenge our assumptions about coherence and purity within conceptual models. A “contrapuntal analysis should be modeled not . . . on a symphony but rather on an atonal ensemble; we must take into account all sorts of spatial or geographical and rhetorical practices . . . all of them tending to elucidate a complex and uneven topography” (Said 1993, p. 318). A contrapuntal analysis of the racialization of disability could stimulate conversation between seemingly opposite or contradictory disability models, and between their respective ontological assumptions about disability and race. A contrapuntal analysis asks: what can we learn about the nature of disability and race in bodies of academic work that are deemed to be distinct and even mutually exclusive?

This initial critique suggests the potential of an intersectional analysis grounded in a contrapuntal perspective for studying the racialization of disability. This analysis illustrated the ambivalent status of categories and illuminated the shifting topographies between the discursive and material dimensions of these categories (McCall 2005). Indeed, race and disability have mimetic properties across and within the various models of disability. While the study of race and disability intersections often relied on a unitary approach, a contrapuntal reading of the disproportionality literature based on alternative disability models also revealed complex hybrid patterns in intersectional analysis, and suggested the need to strengthen theoretical clarity and its concomitant methodological implications. Social and cultural approaches to disability used medically-based tools and analytic strategies to address race-disability intersections. While we possess sophisticated toolkits to theorize and study race and ability discrimination, we routinely fail to deploy them when studying the racialization of disability. What cultural dynamics are at play to produce this state of affairs? To what extent does the history of the racialization of disability—and the ways in which intersectionality has been addressed in the research across the medical, social, and cultural paradigms—constitute what Fischer called “involutionary change,” where the construction, treatment, and consequences of race and disability intersections become “more elaborately the same”? (cited in Danforth et al., 2006, p. 19).

This preliminary analysis identified connections not readily perceived, connections between notions such as race and disability that are often dichotomized. To some extent, this emerging contrapuntal analysis suggested a blurring of boundaries between paradigms. An intersectional prism, in turn, revealed the protean nature of disability and race not perceptible through single axis analysis. The potentially negative consequences of hybrid circular narratives require us to forge a new language about the complex intersections between race and disability. This contrapuntal analysis suggests that we undertake what Lennard Davis described as the Chris “Bell imperative” to think more clearly, more politically, about disability” (Davis 2011, p. xi) and its entanglements with race.

In closing, I offer several reflections to consider for further developments in this line of work:

1. *Prepare the next generation of scholars with an intersectional imagination.* We need more scholars using intersectional analysis to study racial inequities in special education. In the United States, few doctoral programs in special education (and even in Disability Studies) include training in intersectional analysis. Theoretical and methodological attention to intersectionality will stimulate the growth of communities of scholars that can benefit from each other’s engagement with this perspective.
2. *Take advantage of the potential of intersectionality: Probe the depths within categories.* Intersectionality provides tools for complex “intergroup” analyses, going beyond examining a single dimension of a category (e.g., race, gender, and class), at the expense of dimensions *within* categories (McCall 2005). McCall, for example, has produced quantitative intersectional analyses in which “different contexts reveal different configurations of inequality in [a] particular social formation” (p. 1791). This is the direction that Erevelles and Minear are taking, examining the lived experiences of individuals as located in “structural conditions within which . . . social categories are constructed by, and intermeshed with each other in specific historical contexts” (2010, p. 131). Studies could also address a variety of other intra-categorical issues, such as what Cathy Cohen (1999) described as the “politics of secondary marginalization” through which marginalized individuals with privilege—in our case male students of color—police those without privilege (i.e., disabled male students of color). To my knowledge, studies examining secondary marginalization processes in the racialization of disabilities have not been conducted.
3. *Add detail and texture to analysis of categories.* An implication of the previous point is the need to look at neglected categories or subdimensions of categories. Although racial inequity in special education research has made visible the historical intersections of race and disability, “visibility in and of itself does not erase a history of silence, nor does it challenge the structure of power and domination, symbolic and material, that determines what can and cannot be seen” (Hammonds 1994, p. 141). For instance, certain racial groups (e.g., Latinos/as and American Indians), and language minorities have been largely invisible in special education research. Other dimensions such as gender require more complex analysis: a great deal of attention has been given to boys in special education, particularly from racial minority backgrounds (the majority in a number of disability categories), without drawing on important scholarship on gender and sexuality from other fields. Such scholarship can provide more insight about gender differences in school disengagement, violence, and crime. A nuanced analysis of categories and

- their intersections also requires attention to students' agency. The research to date has primarily used static demographic markers to identify students, overlooking their active, innovative, and improvisational lives.
4. *Build coalitions to advance equity agendas.* While there are always complications in building coalitions (see Engel and Munger, 2003), this project can advance equity agendas in politically profound ways, creating possibilities for coalitions not previously considered (see Crenshaw 1991). Although coalitions between inclusion advocates and individuals addressing the racialization of disability, for instance, could have been formed in the early years of the inclusive education movement, such work could be pursued in the future.
 5. *Nurture disciplinary reflexivity through contrapuntal critiques.* Using contrapuntal critiques in examining intersectionality offers opportunities for dialogue across communities of scholars within and between disciplines. They can explore the benefits and consequences of "strategic borrowing" of analytical tools across disability models. For instance, statistics about race and disability deployed in the medical model have already been used for research grounded in the social and cultural models. Previous uses of racial statistics in this literature compel analysts to fragment and purify identities by extracting the potential intersections with other markers of oppression. But, as Kenneth Prewitt (2012) challenged us, "can there be a policy that misuses race statistics" (p. 1)? There is already evidence about gaming strategies being used in states and districts to avoid sanctions from federal policy requirements to monitor racial disproportionality. The point is not that racial statistics are useless; indeed, complex statistical analyses of intersectionality are possible due to methodological advances. Here, the contrapuntal reading of this research allowed us to unveil how analytical tools are used across disparate disability standpoints that do not necessarily subscribe to the tools' core assumptions. An unintended consequence is that the scholarship on racialization of disability (independent of its theoretical commitments) continues to use tools that maintain the focus on traits typically located in the individual. This prevents us from broadening the analytic spotlight to account for influences such as the nature of the categories involved, the role of ideological influences in the design of curricula and assessment, and the mediating force of institutional racism in the racialization of disability. In turn, these contrapuntal readings of disparate research traditions can inform disciplinary reflexivity to raise questions about the postulates and toolkits deployed to understand the complex predicament described as the racialization of disability.

Ultimately, this line of analysis promises to answer Bell's "invitation to keep [race] and disability in conversation with one another. It is an invitation to rethink embodiment and representation" (2011, p. 4). A critique of the research on the racialization of disability affords us opportunities to examine "particular social groups at neglected points of intersection of multiple master categories" (McCall 2005, p. 1780). It enables us to prevent shifting views of *difference* from reifying enduring educational injustices in the contemporary policy, research, and practice landscapes of U.S. education.

Corresponding author: Professor Alfredo J. Artiles, Mary Lou Fulton Teachers College, Arizona State University, Interdisciplinary B, Room B353, 1120 S. Cady Mall, Tempe, AZ 85287-1811. Email: aartiles@asu.edu.

NOTES

1. I acknowledge the support of the Equity Alliance and I am grateful to the Center for Advanced Study in the Behavioral Sciences at Stanford University for the residential fellowship that allowed me to research and articulate the theoretical foundations of this analysis. Endorsement by these organizations of the ideas expressed in this manuscript should not be inferred. Earlier versions of this article were presented as keynote lectures/plenary talks at the Emerging Scholars Conference, Chapman University (September 2011), the 2011 annual meeting of the National Association of Multicultural Education, and the Race and Disability Lecture Series at the University of Illinois-Chicago (February 2013). I am grateful to Phil Ferguson, Kris Gutierrez, Elizabeth Kozleski, Tom Skrtic, Stan Trent, and the Sociocultural Research Group for their encouragement and substantive feedback and suggestions. I also acknowledge the feedback of three anonymous reviewers; their critiques and suggestions improved the quality of this article. I remain responsible, however, for the shortcomings of this work.
2. I use the term “model” in the broadest sense to make visible the premises and constructs used by communities of individuals. This perspective is aligned with Goodwin’s notion of “professional vision”: the “socially organized ways of seeing and understanding events that are answerable to the distinctive interests of a particular social group” (1994, p. 606). Thus, I summarize three alternative professional visions or models of disability.
3. The term “medical model” is commonly used in disability theory. Oliver (1996) uses instead the term “individual model” to pinpoint the model’s primary emphasis on an individual unit of analysis, with medicalization constituting but one key element. Watermeyer explained that the problem does not necessarily reside in the medical sciences field, but in a “mode of performing medicine” (2013, pp. 30–31). Moreover, Shakespeare has questioned the presumed clear differences between the medical model and a “family” of social contextual approaches (one of which is the social model); in fact, he concluded that the term medical model “is not a coherent or useful concept” (2006, p. 18).
4. There are important distinctions in scholarship using the social model of disability according to geographical location. The United Kingdom and the United States differ in the origins and evolution of the model, the disciplines and actors participating in each community, and the versions of the model they deploy. The U.K. perspective has been largely informed by a Marxist critique in which the oppressive weight of disability is foregrounded; this way, “society itself [is situated] as the ‘patient’ to be investigated” (Watermeyer, 2013, p. 31). Disabled scholars and activists have played a central role in this movement, though non-disabled people have also participated. In the United States, work has also included disabled and non-disabled scholars and activists; however, cultural dimensions of disability are made prominent, particularly in relation to a minority group perspective applied to disabled people. Work produced in the humanities, liberal arts, and to a lesser extent the social sciences has increased substantially in the United States, and more recently, a Disability Studies in Education group has emerged to carry out this project as applied specifically to education matters.
5. See Schillmeier (2010), Shakespeare (2006), and Watermeyer (2013) for critiques of the social model of disability.
6. In some instances, these decisions are studied with an *additive* intersectionality perspective in which interactions among several factors are analyzed—e.g., teacher’s race, social class, and gender. Unlike the unitary approach, these analyses examine the simultaneous influence of race, social class, and gender in disability identification. The end result, however, can be a ranking of these factors depending on the predictive value or the size of the statistical effect. Hancock (2007) reminds us this approach presumes static groups and predetermined generalizations about the influence of these factors. Equally important, this perspective assumes the various analytic categories—e.g., race, gender, class, and disability—had independent political developments from one another (Hancock 2007). The result is to analyze disability as completely separate from the history of racial groups, as if these histories have never intersected.

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